MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09348

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY St.Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Markwood (Middle) Wilbur (Last) Estes
4. DATE OF DEATH: (Month) September (Day) 26, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 18 Dec., 1913
9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Mercantile
11. BIRTHPLACE (State or foreign country): Mineral, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William E. Estes
14. MOTHER'S MAIDEN NAME: Lula Graves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 226-07-1770
17. INFORMANT: Mrs. Lula Graves Estes, mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Hemorrhage - gastrointestinal	2 hours
581.0 Antecedent cause(s) (b)	Hepatitis, infectious or acute atrophy	3 wks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Hepatic cirrhosis	1 yr
(260X) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	5 yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Sept., 1953, to 26 Sept., 1953, that I last saw the deceased alive on 26 Sept., 1953, and that death occurred at 10 00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Roy Gaither M.D. Mechanicsville Md 9/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 29 Sept. 1953
NAME OF CEMETERY OR CREMATORY: Monticello Memorial Cem.
LOCATION (City, town, or county) (State): Charlottesville, Virginia.

DATE REC'D BY LOCAL REG. 9-26-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: P. B. Robinson, Leonardtown, Maryland.
ADDRESS

VS. A15

RECEIVED
SEP 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09349

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abell X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Palmer X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) Elizabeth (Last) Faunce
4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 17-1899
9. AGE last birthday 55 yrs. If under 1 year Months 9 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Brown
14. MOTHER'S MAIDEN NAME Rose Bell Tyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mr Frank Faunce Palmer Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981X

Immediate cause (a) Laceration of brain — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Penetrating bullet wound of skull — immediate

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 9 (Day) 25 (Year) 53 (Hour) 6 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Bullet wound.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Leighton Park. Md DATE SIGNED 9/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 29 1953
NAME OF CEMETERY OR CREMATORY All Saints
LOCATION (City, town, or county) Oakley St Mary's (State) Md

DATE REC'D BY LOCAL REG. 9/28/53
REGISTRAR'S SIGNATURE F. A. Camalier M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

RECEIVED
OCT 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09350

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Catherine (Last) Ford

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec. 2, 1938

9. AGE last birthday: 14 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Ford

14. MOTHER'S MAIDEN NAME: Henrietta Holly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT'S ADDRESS: Henrietta Holly Charlotte Hall, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
204.0
Immediate cause (a) Acute lymphatic leukemia
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 10 days.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Aug., 1953, to 3 Sept., 1953, that I last saw the deceased alive on 3 Sept., 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E Gill M.D. ADDRESS Leonardtown Md DATE SIGNED 4 Sept. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 5-53 NAME OF CEMETERY OR CREMATORY St Joseph LOCATION (City, town, or county) Mosanna (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/10/53 REGISTRAR'S SIGNATURE E. A. Camalier

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

omit

RECEIVED
SEP 10 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09351

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY V-43-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 2100 N. Taylor

3. NAME OF DECEASED (Type or Print) (First) Dessie (Middle) Lillian (Last) Marcey
4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1953
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 6 - 1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va 43
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wesley F Havener
14. MOTHER'S MAIDEN NAME Martha Ann Cleary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Francis Ray Marcey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis (generalized)	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. pulmonary edema.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John [illegible] (Degree or title) M.D. ADDRESS Lexington Park, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept 19-1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Arlington, Va
DATE REC'D BY LOCAL REG. Sept 19, 1953
REGISTRAR'S SIGNATURE [illegible] Local Registrar
24. FUNERAL DIRECTOR C. P. Ives ADDRESS Arlington, Va

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09352

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Raymond (Last) Russell

4. DATE OF DEATH (Month) Sept (Day) 17 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant
8. DATE OF BIRTH Dec 18 1952
9. AGE last birthday yrs. If under 1 year Months 9 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Henry Russell
14. MOTHER'S MAIDEN NAME Francis M. Owner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Charles H. Russell Piney Point Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.2 Immediate cause (a) Asphyxia due to aspiration — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. States epileptics — 2 day

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John I. Lane (Degree or title) Md. ADDRESS Leighton Park. Md DATE SIGNED 9/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 19-53
NAME OF CEMETERY OR CREMATORY Holy Face
LOCATION (City, town, or county) Great Mills (State) Md

DATE REC'D BY LOCAL REG. 9/22/53
REGISTRAR'S SIGNATURE Frank A. Cemalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

20V238V406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 22 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5 mi. south Pt. Lookout, Md
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Kansas — COUNTY Wyandotte
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kansas City
STREET ADDRESS (If rural give location) 3233 Barnett St.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) OWEN (Last) SEAY

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12-17-22

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Test Pilot, Douglas Aircraft Corp.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas City, Kansas 14

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Douglas Aircraft Corp.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) INJURIES, MULTIPLE, EXTREME

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) PLANE CRASH — Instantly

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) aircraft — (CITY OR TOWN) — (COUNTY) St. Marys — (STATE) Maryland

TIME OF INJURY (Month) Sept. (Day) 16 (Year) 53 (Hour) m.

INJURY OCCURED While at Work ☒ Not While At Work ☐

HOW DID INJURY OCCUR? Plane crash

22. I hereby certify that I attended the deceased from ...., 19..... , to ...., 19 . , that I last saw the deceased alive on ..... ., 19 . , and that death occurred at . . .., from the causes and on the date stated above.

SIGNATURE H. E. GILLESPIE (Degree or title) CAPTAIN MC USN — ADDRESS USNAS, Patuxent River, Md. — DATE SIGNED 21 Sept. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 9-21-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Kansas City — (State) Kansas

DATE REC'D BY LOCAL REGISTRAR 9-21-53 — REGISTRAR'S SIGNATURE P.G. Bean, M.D. Local Registrar

24. FUNERAL DIRECTOR P.B. Robinson — ADDRESS Leonardtown, Md.

VS. A15

RECEIVED
SEP 23 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09354

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden X — LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden X
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Oscar		Smith	9 -	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Col.	Single	? 1886	67 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Sea Food	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Frank Smith	Marie Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes WW I	—	Geo. Smith - Drayden, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
830X Immediate cause (a) Fracture of Neck	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Road in Woods			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.	/	Lying in road Run over by auto while

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R H Fisher MD		9/26/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-30-53	Beth Thursday Cem.	Valley Lee, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-29-53	Camalier	Jesse B Johnson	Leonardtown Md

VS. A15A

RECEIVED
1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09355

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Leonardtown X
LENGTH OF STAY (in this place) 1 day 6 hrs 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural California X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Girl (Last) Tarleton

4. DATE OF DEATH: (Month) 9 (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-3-53

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days 1 IF UNDER 24 HRS.: Hours 6 Min. 20

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Reginal Tarleton

14. MOTHER'S MAIDEN NAME: M. Margaret Wood

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Luther Tarleton California, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) Premature birth (7 months) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-53, to 9-5-53, that I last saw the deceased alive on 9-4-53, and that death occurred at 6 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Geary M.D. ADDRESS Great Mills, Md. DATE SIGNED 9-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-5-53 — NAME OF CEMETERY OR CREMATORY Holy Face — LOCATION (City, town, or county) Great Mills, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9-5-53 — REGISTRAR'S SIGNATURE P J Geary M.D.

24. FUNERAL DIRECTOR Luther Tarleton ADDRESS California Md.

2093181291 Local Registrar

VS. A15

RECEIVED
SEP 9 1953
BUREAU V. S.